

Name in Full

Certificate of Death

Died at Bees Isle's Town Somerset County MARYLAND
 Date 1902 Jan 18 Y. — M. — D. — Age 25 Native of — Occupation —
 Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of

Primary "Stice-born"

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Capt Edward. Adams

Died at Rehobeth Somerset MARYLAND

Month Day Y. M. D. Native of Occupation
 Date 1907 1 14 Age 82 Maryland Farmer
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Clarice Adams
 Wife
 Father's Name John Adams Mother's Name don't know

Cause of Primary Dropsy How long sick 6 months
 Death Immediate Heart Failure
~~Accident, Suicide, Homicide~~

Reported by W. T. Adams
 Address Marmunco Somerset co Md

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

LIBRARY BUREAU, 65968

To F A Adams
attended him

Name in Full

Certificate of Death

John Ballard

Town

County

Died at

Lamestown

Cecil

MARYLAND

Date 19

02 Jan 7

Age

64

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

One

Husband

of Sarah Ballard

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Heart Disease

How long sick

2 1/2 hrs

Death

Immediate

Cramp, Colic — 79

Accident, Suicide, Homicide

Reported by

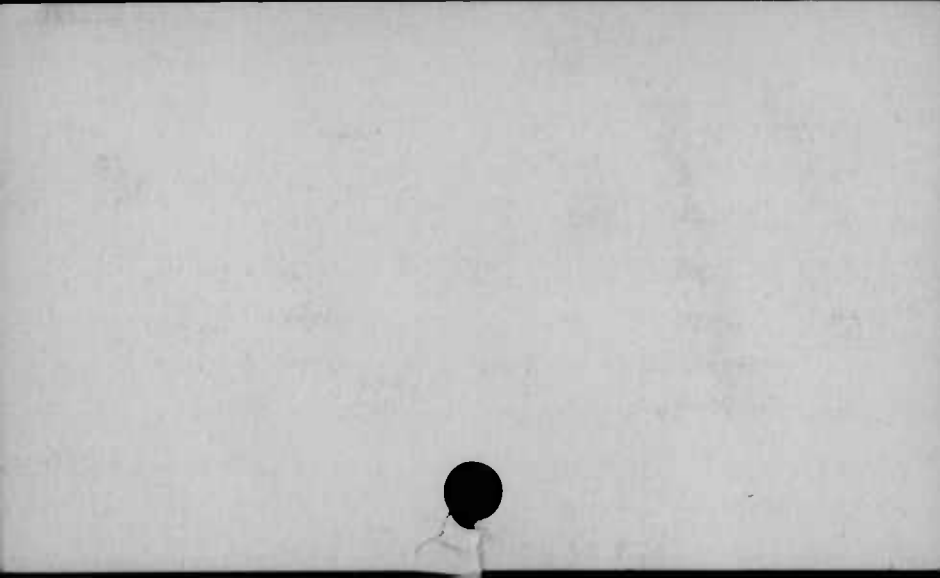
H. B. Dickinson

Address

Upper Fairmount

M.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charlotte Adaline Blake

Town

County

Died at

Mt Vernon

Pomeroy

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 - 26

Age

84 - -

Md.

No occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

1

Husband

of

J. T. Blake Deceased

Wife

Father's

Name

Rhuben Parks

Mother's

Name

Unknown

Cause of

Primary

Suicide Deceased

Death

Immediate

How long sick

4 months

Accident, Suicide, Homicide

Reported by

J. Wilson M. D.

Address

Mt Vernon Pomeroy Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Julia Anne Bloodsworth
 Town Kobnar County Dorchester MARYLAND
 Died at
 Date 19 1830 ~~1830~~ 1-25 Month Day Y. M. D. Age 71 3 3 Native of Utzernon Occupation Housewife
 Male White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living 4

Husband of Robert Bloodsworth
 Wife
 Father's Name George Jones Mother's Maiden Name Rebecca Simms

Cause of Death Primary Immediate Heart trouble Accident Swindle Homicide
 How long sick

Reported by C. M. Washhill & Bros
 Address Utzernon Dorchester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant, - Cullen
 Town Crisfield County Somerset
 Died at MARYLAND

Date 1902 Jun 7 Month Day Y. M. D.
 Age 3 hours Native of Md. Occupation none
 Male White Married Widowed Divorced
~~Female~~ Colored Single Widower Number of children living 0

Husband of
 Wife
 Father's Name Mrs. Edgar Cullen Mother's Name Mary E. Cullen

Cause of Death { Primery Patular foramen ovale
 Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by H. F. Hull 150

Address
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

unnamed

Town

County

Died at

MARYLAND

Date

1902 Nov 10

Month Day

Age

3

Native of

Occupation

~~Male~~~~White~~~~Married man~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

one

Husband

of

none

Wife

Father's

Name

unnamed

Mother's
Name

Mary Lennis

Cause of

Primary

unnamed

Death

Immediate

—

How long sick

Accident, Suicide, Homicide

Reported by

Isaac Fields undertaker taken

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Certificate of Death

Died at		Town		County		MARYLAND	
Date 1902		Month Jan	Day 30	Age 55	Y. - M. D.	Native of Md.	Occupation Housewife
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> White <input type="checkbox"/> Colored		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single		<input checked="" type="checkbox"/> Widow <input type="checkbox"/> Widower	
						Divorced Number of children living 6	

Husband of		Romeo Henry	
Wife			
Father's Name	Star Davy	Mother's Name	Willy Davy
Cause of	Primary	Phthisis Pulmonis	
	Immediate		
Death	Immediate	How long sick one year	
<div> <div>Accident, Suicide, Homicide</div> </div>			

Reported by W. J. Hall

Address **1**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Fabius Fletcher
 Town *Jamesstown* County *Somerset*

Died at

MARYLAND

Date 19 *02* Month *Jan.* Day *28* Age *9 months* *old.*
 Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Singla~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

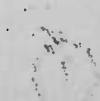
Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm Wesley Gibson

Town

County

Died at

Mt Vernon

Somerset

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Jan 26

Age 50

Mt Vernon oysters

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm Gibson

Mother's

Maiden Name

Mary Gibson

Cause of

Primary

heart trouble

How long sick

2 yr

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. M. Hasbick & Bros

Address

Mt Vernon

Somerset

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Widow~~~~Divorced~~

Number of children living

MARYLAND

of

Name

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Address

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Ruby Johnson

Town

County

Died at

Horsewell Somerset

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

Jan 22

Age

2.6

-

md

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

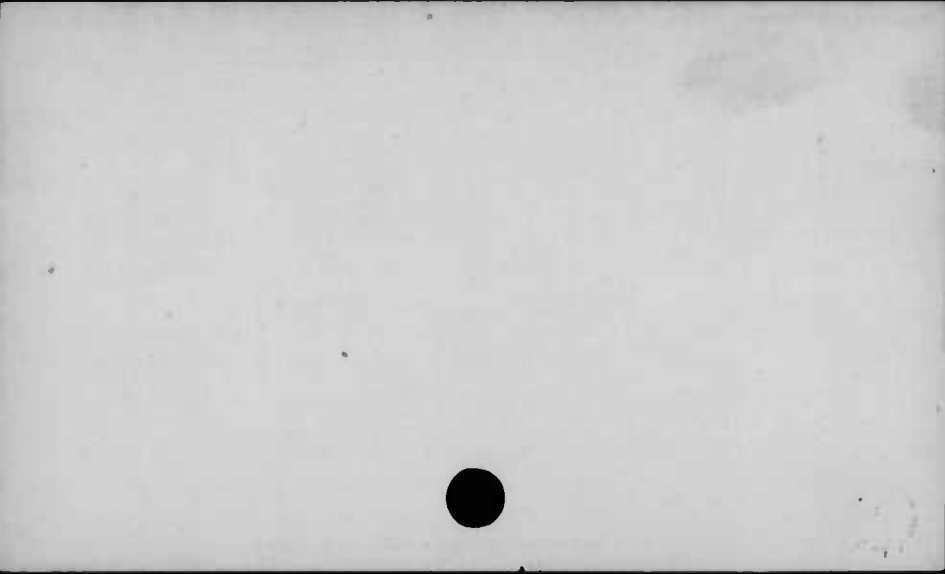
Certificate of Death

Died at *Thomas Jones*
 Town *Habersham* County *Somerset* MARYLAND
 Date *10* *or* *Jan* *14* Y. *17* M. *—* D. *—* Native of *Ind* Occupation *Cyberman*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *—*

Husband of *—*
 Wife *—*
 Father's Name *Stanley Jones* Mother's Name *Lizzie Jones*
 Cause of Death *Tuberculosis* *Haemorrhage*
 Primary Immediate *—* How long sick *15 mo*
 Accident, Suicide, Homicide

Reported by *R. H. Hoyt M.D.*Address *Crisle P.O. Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Fussie L. Jones

Town

County

Died at

MARYLAND

1907 Jan. 15th Y. M. D. Age 3-8- Native of Md Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Death

Immediate

How long sick

1 year

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Susan J Lewis

Town

County

Died at

Bridgfield

Somerset

MARYLAND

Date 1902 Jan 31

Month Day Y. M. D.

Age 79.4

Native of Va

Occupation

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

5

Husband of

Ace Lewis

Wife

Father's

Name

James Lewis

Mother's

Name

Jessie Lewis

Cause of

Primary

Paralysis

Death

Immediate

How long sick

10 years

Accident, Suicide, Homicide

Reported by

H. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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15

Frenay Morgan
 Town County

Died at *New Pocomoke* *Somerset* MARYLAND

Date 19 *02* Month *1* Day *1* Y. M. D. Age *34* Native of *Maryland* Occupation *Homemaker*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of

Wife

Father's Name *John Morgan* Mother's Maiden Name *Venie Morgan*

Cause of Death { Primary *Pneumonia* Immediate ☒ How long sick *6 days* Accident, Suicide, Homicide

Reported by *C. F. Hargrave* *93*

Address *10 Pocomoke*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Lovey Morris

Town

County

Died at Princess Anne Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

1 19

Age

83

Maryland

Housewife

Widow

~~Divorced~~

Female

Colored

~~Single~~

~~Widower~~

Number of children living None

Wife

Father's

Name

of George Morris, decd.

Mother's

Maiden Name

Unknown

Unknown

Cause of

Primary

Senility -

Immediate

Dysentery

How long sick

few days

Death

Accident, Suicide, Homicide

Reported by

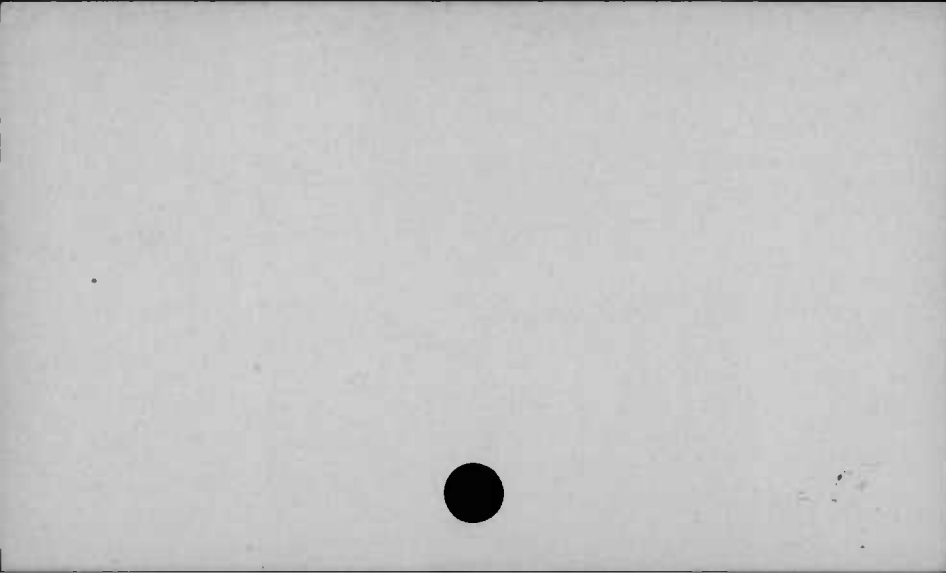
Chas. W. Wainwright

M.D.

Address

Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nancy Prince
 Town County

Died at

Princeton

County

Lowmest

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 16

Age

55

out

House work

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Jessie Prince

Millie Prince

Cause of

Primary

Heart failure

How long sick

1/2

Death

Immediate

Died suddenly

Reported by

G. J. Smith M.D.

Address

Princeton Md. Not in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hamilton Roberts

Town

County

Died at James 1/4

Somerset -

MARYLAND

Date 1907 Jan 20 Y. M. D. Age 80 Native of Ind Occupation
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living

Husband of M Roberts
~~Wife~~

Father's Name Mother's Name Sabery Roberts

Cause of Primary How long sick
 Death Immediate Old Age 154 Accident, Suicide, Homicide

Reported by Pres Keller

Address James 1/4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Flora Thomas

Died at *Crisfield* Town *Somerset* County MARYLAND

Date 189 *Jan 15* Month Day Age *about 2 years* Y. M. D. Native of *Md.* Occupation
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of
WifeFather's
NameMother's
Name

Cause of Death { Primary *Died from enteric* How long sick *5 hours*
 Immediate *Sam Thompson* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James S. Webster
 Died at Beals Island County Sumner MARYLAND
 Date 1902 Jan 20 Month Jan Day 20 Y. 78 M. D. Native of md Occupation Capt
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of Lelara S. Webster
 Wife
 Father's Name Mother's Name Mattie Webster

Cause of Death { Primary Old age Immediate 154 How long sick
 Accident, Suicide, Homicide

Reported by James S. Webster
 Address Beals Island md

* Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *William Roe Whittington*
 Town *Marion* County *Somerset* MARYLAND
 Died at *Marion*
 Date *1902 Jan. 11.* Month *Jan.* Day *11.* Y. *—* M. *10.* D. *14.* Native of *Maryland* Occupation *—*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*
 Husband of *—*
 Wife *—*
 Father's Name *William Roe Whittington* Mother's Name *Olive May Whittington*
 Cause of Death { Primary *Broncho-pneumonia* How long sick *11 days*
 Immediate *Exhaustion* *Q* ~~Accident, Suicide, Homicide~~
 Reported by *A. E. Ewell M.D.*
 Address *Marion Station Somerset Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

